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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION ONTTE CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)
ARTICLE I NAME: The name of the corporation is:
ARTICLE II PRINCIPAL OFFICE:
the principal street address and maning address is:
18840 NW 57th Ave Unit 301
Hialeah, FL, 33015
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Jun Pablo Montes Barrets
(Presedent)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
JUAN PABLO MONTES BARRETO
18840 NW 57th AVE UNIT301
HIALEAH, FL 33015
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
JUAN PABLO MONTES BARRETO
18840 NW 5744 AVE UNIT301 HIALEAH, FL 33015
HIALEAH, FL 33015

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## Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

05/08/17

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date

17 MAY -8 AM 10: 59
SEURLIAR LUF SIANE
IALLAHASSEE, FLORIO